2 - Lactated Ringers 4 - Other - use narrative TRAINING ONLY

3 - Normal Saline

43 - Verapamil

45 - N/A

44 - Other - use narrative

5 - N/A



10

11

12

12

13

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14

15

16

16

16

16

16

16

16

16

16

20 - Glucose 21 – Heparin

1 - D5W

Ibuprofen

17. IV Therapies/Fluids

Significant Electrical Burns

Closed space fire (inhalation) 39. Who Activated the Trauma System?

1 -- Out-hosp-provider $\, \, 2$ -- Receiving Emer. Dept. $\, \, 3$ -- Trauma Comm Center

CRITICAL INCIDENT STRESS MANAGEMENT

The Nebraska Critical Incident Stress Management (CISM) Program provides a system of support services for emergency medical personnel, firefighters, law enforcement, hospital personnel, dispatchers and correctional officers throughout the state. Specially trained team members assist emergency service personnel with traumatic events and stressful aspects of their occupation.

Stress is a normal state of physical and psychological arousal. Without stress we would lack challenges and motivation. Stress can be difficult to manage when it results from ongoing frustrations and demands, or from a single traumatic experience.

Emergency service occupations are often exciting and rewarding; yet they can be emotionally difficult and physically draining. Emergency services workers are exposed to constant doses of low to moderate-level stress and occasional doses of high-level stress. High-level stress may cause symptoms of a stress reaction. These symptoms are; **PHYSICAL**, – fatigue and headaches, **COGNITIVE** – trouble concentrating, memory loss and problem solving difficulties, **EMOTIONAL** – excessive irritability and grief, **BEHAVIORAL** – withdrawal and inability to relax.

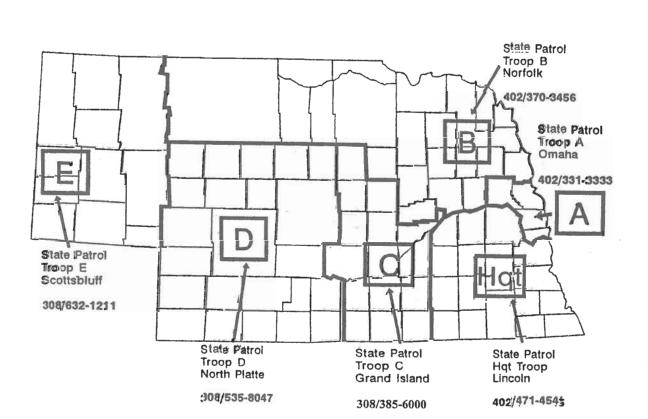
WHAT IS A CRITICAL INCIDENT STRESS DEBRIEFING (CISD) A debriefing is a group interaction where a trained team of debriefers allows emergency service personnel to talk about their thoughts, actions, and reactions to a stressful event. A debriefing session is **NOT GROUP THERAPY** and it is **NOT A CRITIQUE** of the event. The information shared in a CISD is strictly confidential. A CISD is an opportunity to learn what normal expected behaviors and feelings are following a stressful event. It is also a time to learn ways to manage stress symptoms.

WHEN IS IT TIME TO REQUEST A CISD SESSION? A debriefing may be needed if the following indicators, as well as others, are present; disrupted sleep patterns, mood swings, depression, anxiety, overwhelming stress symptoms within 48 hours of an event, or a continuation of stress symptoms 48 to 72 hours after an event.

HOW TO REQUEST THE ASSISTANCE OF THE CISM TEAM

- 1. Following the incident, the Nebraska State Patrol (NSP) Troop in your area is informed of the possible need for a Critical Incident Stress Debriefing session.
- 2. The NSP Troop dispatcher finds out the name of the community involved, nature of the incident, and the name and telephone number of the contact person.
- 3. Information regarding the incident is given to the Clinical Director or their designee.
- 4. The Clinical Director calls the site to confirm the need for CISM services.
- 5. The designated CISM contact in the area is notified and the schedule is set.
- 6. A CISD session is conducted at the designated location.

Critical Incident Stress Management Regions and the Nebraska State Patrol contact information



	Unit #	Incident			Patient C			onse #	Ira	uma Ba	
First Name M.I.		Last Name		Geno Male	Fema	le	SS #				
Home Address	City	Sta	te/Country	Zip	D M	ОВ D	Y		Age 🔲 N	Min. Hours	☐ Month
Incident Address or Location	City	Count	y	Zip			evices Protecti	ion 🔲	Gloves	Gown	☐ Mask
Dispatched As		Chief Complain	t and/or Sig	tas & Symp	otoms				Tempe	rature	Weight
Date & Time of Symptom Onset	Position	Time Puls	e B.P.	Respiration Own/Assis	33333	L.O.C.	Respi	rations gular		Norma Cool	al 🔲 Pale 🔲 Flushe
Date & Time Dispatch Notified	Stand Sit Recline Flat		,	,	9,	AVPU	☐ Sha	allow] Warm	☐ Cyano
Date & Time of Call	Stand Sit Recline Flat		,	,	9	<u> </u>	L Bre	****	unds R L	Pı	ıpils
Time Ambulance En Route	Stand Sit					1	7 <u>-</u> 4	Abnorm	al 🔲	_ D	ormal [
Response Code to Scene	Recline Flat Stand Sit		1 /		9			Decrease Absent			nggish [
1 or 3 Time First Responder at Scene	Recline Flat Stand Sit		/	. /	9		7 ā	Rales Ronch	i 🔲		Reaction [N/A [
Time Arrived at Scene	Recline Flat Splints and Imme	bilization 🔲 N/A	A Airway C	ontrol 🔲		AVPU		Stridor Wheeze	_	1.55	W. T.
Time Arrived at Patient	☐ Air ☐	Cardboard Vacuum	BVM Combit		☐ Nasal		Abdo	N/A men	UL LL	, UI	R LR
Time Unit Left Scene	SAM	Wire Ladder Sling/Swathe	Cricoth	yrotomy	□ Non R	ebreather	Norm: Tende	al			1
Transport Code to Destination		Blanket Roll	1 —	h Maneuver	_		Rigid Dister				1 🗆
1 or 3 Time Unit at Destination	KED	Pillow	☐ Mask	•	Other,	use narr.	Woun	d Cara ect Pre	2		re Dressin
: : : : : : : : : : : : : : : : : : :	Patient History		022200000000000000000000000000000000000	LPM			Dry	y Sterile	e	Pressu	re Point
Time Unit Back at Station	Asthma CV	abetes 🔲 Mus	sco./Skel.	Renal Respirato		ne	☐ Ice			Wet D	iquet: ressing
::	Cardiac Hy Signs and Symp	otoms and/or Ch	rief Compla	int		ier, use nari			Dressing _		
R L L R	☐ Abdominal Pai☐ Abrasion/s	☐ Cardia	ning Diff. 🔲 ac Arrest 🔲	Fever		lypertherm lypoglycem			ed	Unc	onscious niting
	☐ Airway Obstru ☐ Allergic Reacti		_	Fracture/s Gynecologi		lypotension lypothermi			y Arrest y Distres.	☐ Wes	ak/Malaise and/s
(Lung)	☐ Amputation/s☐ Avulsion/s	🔲 Dehyd 🔲 Diarrh	_	Headache Hematoma	_	lausea Ibstetric	_	zures/C ain/Str		☐ Non	e er, use nar
18:31 18 18	□ Behavioral□ Back Pain	☐ Dizzino ☐ Ear Pa	_	Hyperglyce Hypertensic	_	ain alpitations	☐ Syn	rcope			
SIX BOLLING	Patient Medicat	ions None	Unknow	n 🔲 Transp	orted with	Patient	Aller	gies	None [Unkno	own
{ }											
Crash Data	Glasgow Coma	Score	Pedi	atric Traur	ma Score	-	l A	Adult T	ranma So	ore	
Crash Data Driver Passenger Pedestrian	Glasgow Coma s	Score		atric Traur		erany		Adult T	rauma Sco	ore	
☐ Driver ☐ Passenger		Score Type		atric Trauredications		serapy Gauge	A N/A Locati	, 8			Medic
☐ Driver ☐ Passenger ☐ Pedestrian ☐ Restrained ☐ Unrestrained			Me	edications	and IV TI		□ N/A	, 8			Medic
Driver Passenger Pedestrian Restrained Unrestrained Airbag & Belt Airbag Only Airbag - Side Lap Belt Only			Me	edications	and IV TI		□ N/A	, 8			Medic
☐ Driver ☐ Passenger ☐ Pedestrian ☐ Restrained ☐ Unrestrained ☐ Airbag & Belt ☐ Airbag Only ☐ Airbag - Side ☐ Lap Belt Only ☐ Other, use narr. ☐ Lap & Shder. ☐ Ejected - Y / N ☐ Helmet - Y / N			Me	edications	and IV TI		□ N/A	, 8			Medic
☐ Driver ☐ Passenger ☐ Pedestrian ☐ Restrained ☐ Unrestrained ☐ Airbag & Belt ☐ Airbag Only ☐ Airbag - Side ☐ Lap Belt Only ☐ Other, use narr. ☐ Lap & Shder. ☐ Ejected - Y / N ☐ Helmet - Y / N ☐ Inf./Child Seat ☐ Sleeper Net	Time		Me	edications	and IV TI		□ N/A	, 8			Medic
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Driver	Time		Me	edications	and IV TI		□ N/A	, 8			Medic
Driver	Time		Me	edications	and IV TI		□ N/A	, 8			Medic
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Driver Passenger Pedestrian Restrained Unrestrained Airbag & Belt Airbag Only Airbag - Side Lap Belt Only Other, use narr. Lap & Shder. Ejected - Y / N Helmet - Y / N Inf./Child Seat Sleeper Net Unknown if safety devices used ATV Motorcycle Bi./Tricycle Truck Car Van Bus Other vehicle	Time	Type	Dosage	Route	and IV Ti	Gauge	□ N/A Locati	ion			Medic

Total Mileage

4

Medical Release

Refusal of Evaluation, Treatment and/or Transportation

Emergency Medical Services Personnel Instructions

CRITERIA

- 1. Make sure the patient is a mentally competent adult (19 or older) and has the legal capability of refusing evaluation, treatment and transportation. The patient is mentally competent, if he/she is aware of his/her surroundings, oriented to time, place, person and events. The person cannot be significantly mentally impaired in any way, either congenitally, physiologically, (e.g. - head injury) or chemically (e.g. - alcohol or drug abuse)
- If the patient is under the age of 19, only a legal guardian can refuse medical care on behalf of the patient. If a parent or legal guardian is not present, a police officer should make the evaluation, treatment and transportation decision.
- The witness to the refusal should in most cases be law enforcement personnel. If law enforcement is not available, the family/responsible party, should be the witness. AS A LAST RESORT the EMS provider may sign as the witness if none of the above named persons are present.

PROCEDURE

- Fill out the Refusal or Evaluation, Treatment and/or Transportation form in INK.
- Ascertain the Patient Name, Age, Date of Birth, Home Address including City, State, Zip Code and Phone Number.
- In the presence of the witness <u>read</u> the "Refusal of Evaluation, Treatment and/or Transportation" to the Patient or Legal Guardian.
- Ask the Patient and/or the Legal Guardian if he/she understands what was read to them. If the Patient and/or the Legal Guardian does not understand what was read, read the "Refusal of Evaluation, Treatment and/or Transportation" to them again asking them periodically, if they understand what you are reading.
- Have the Patient and/or the Legal Guardian sign the "Refusal of Evaluation, Treatment and/or Transportation" form.
- If the Patient and/or the Legal Guardian refuses to sign the form have the law enforcement personnel sign the form for the Patient and/or the Legal Guardian in the Witness section.
- After the Patient and/or the Legal Guardian or Law Enforcement person has signed the form, the out of hospital provider/s signs the form.

RELEASE OF LIABILITY

"I hereby acknowledge that I have been advised that evaluation, treatment and/or transportation is necessary for my condition.

Thave also been informed of the potential risk involved if I do not comply with this advice.

 ${
m I}$ hereby state my refusal to ${
m follow}$ the advice given me by emergency medical personnel and refuse further evaluation, treatment and/or transportation to a medical facility.

I, by the above statements, absolve and hold harmless of any responsibility all emergency services personnel, and their agents, from any ill effects which may result from my actions."

Patient Name	Age D	ate of Birth / /
(Please Print)		
Parent/Guardian Name	Date	Time
Patient Street Address, City, State, Zip Code and	d Phone Number	
Type of Incident		
Patient Signature	Date	Time
WITNESS		
The patient, and/or their guardian refused to sign this form acknowle facts and the accuracy of the information of the information of the second control o	dging his/her act. Signing this for	
Witness Signature	Title	
Date	Time	

Service	Unit #		Incident #			Patient Ca		Resp SS #	onse #	Т	rauma B	and #
First Name M.I.		Last Na	*********		Gende Male	Femal	е	SS #				
Home Address	City	P.S.	State	Country	Zip	DC M	B D	Y		Age _] Min.] Hours	☐ Month
Incident Address or Location	Cit	ty	County		Zip		BSI De	vices	: □			
Dispatched As		Chief (omplaint :	ınd/or Siş	(ns & Sympt	oms	Lye	Protect	ion 🔲 (☐ Gown perature	
Date & Time of Symptom Onset	Position	ı Time	Pulse	B.P.	Respiration	O2 Sat.	L.O.C.	Hesp	irations	Skin	☐ Norm	al 🔲 Pale
Date & Time Dispatch Notified	Stand S	Sit			Own/Assist			Re Sh		Drv	Cool Warm	☐ Flushed ☐ Cyanot
Date & Time of Call	Recline I	Flat		/	/	%	AVPU	☐ La	bored	☐ Wet	t□ Hot	Jaundic
:	Recline F	Flat		/	/	%	AVPU		e ath Sou Normal		□ N	u pils l ormal [
Time Ambulance En Route		Sit Flat		/	,	%	AVPU	_	Abnorma Decreasec		_	oilated [
Response Code to Scene 1 or 3	1	Sit Flat		/	,	%	AVPU		Absent Rales		1	uggish 🗀 Reaction 🗔
Time First Responder at Scene	Stand S	Sit Flat		,	,	%			Ronchi		_	N/A
Time Arrived at Scene		lmmohilizati			ontrol 🗆 N		AVFU		Stridor Wheezes		JE 194	
Time Arrived at Patient	☐ Air ☐ Rigid	☐ Cardbe		□ BVM □ Combit		☐ Nasal <i>I</i> ☐ Nasal (-	Abdo	N/A men t	JL I	LL U	R LR
Time Unit Left Scene	SAM Traction	☐ Wire I		☐ Cricoth☐ Endotr	5	☐ Non Re ☐ Oral A		Norm				
Transport Code to Destination	C Collar	☐ Blanke	t Roll	Heimlid	h Maneuver	Suction		Rigid				
1 or 3	Short Boa	Pillow		☐ Lighted☐ Mask	•	☐ None ☐ Other, 1	ise narr.	0.0000000000000000000000000000000000000	nd Care			
Time Unit at Destination	Patient His	Other		0º @ _ditions	LPM				rect Press y Sterile		Pressu	
Time Unit Back in Service	☐ Asthma ☐ Cancer ☐	CVA	☐ Hypo ☐ Musc	tension	☐ Renal ☐ Respirator	Skin		☐ El	evation e		☐ Tourn	iquet: Dressing
Time Unit Back at Station :	Cardiac [Hypertens	ion 🗌 Psych	./Behav.	☐ Seizures	-	er, use narr.		clusive D			
R L L R	Signs and 8	ıl Pain	Breathin	g Diff. 🔲	Eye Pain		perthermia		-			conscious
	☐ Abrasion/☐ Airway O		☐ Cardiac ☐ Chest Pa		Fever Fracture/s		poglycemia potension		ctal Bleed spiratory		_	niting ak/Malaise
	☐ Allergic F		☐ Confused☐ Dehydra		Gynecologic Headache	☐ H ₂	pothermia usea		spiratory izures/Co:		s. 🔲 Wo	
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	Back Pain	1	🔲 Ear Pair		Hypertension	n 🗋 Pa	lpitations					
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\												
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4 4 00												
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☐ Driver ☐ Passenger ☐ Pedestrian ☐ Restrained ☐ Unrestrained		Type			atric Traum		Gauge	□ N/A Locat			nfused	Medic
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Total Mileage

	Glasgow Come	Scale			Adul	t Trauma Scal	le	
	Infants	Children and Adults	S	core				
Eye Opening	Spontaneous	Spontaneous	4	4	GCS Score	13 – 15	4	4
	To voice or sound	To voice	3	3		9 – 12	3	3
	To pain	To pain	2	2		6 – 8	2	2
	No response	No response	1	1		4 - 5	1	1
Verbal	Appropriate words or sounds,	Oriented	5	5		3	0	0
	fixes, follows, social smile.				Respiratory			
	Cries but consolable	Confused	4	4	Rate	10 - 29	4	4
	Persistently irritable	Inappropriate words	3	3		> 29	3	3
	Moans or grunts to pain	Incomprehensible sounds	2	2		6 – 9	2	2
	None - flaccid	No response	1	1		1 - 5	1	1
Motor - Best Response	Spontaneous movement	Obeys commands	6	6		None	0	0
in extremity or face	Localizes to pain	Localizes to pain	5	5	Systolic BP	> 89	4	4
	Withdraws from pain	Withdraws to pain	4	4		76 – 89	3	3
	Flexion posturing to pain	Flexion posturing to pain	3	3	1	70 – 75	2	2
	Extension posturing to pain	Extension posturing to pain	2	2		1 – 49	1	1
	None - flaccid	None - flaccid	1	1		None	0	0
		GCS Score			Tra	uma Score		

	+ 2 if	+ 1 if	- 1 if	Score
Weight is	> 44 lbs.	22 - 44 lbs.	< 22 lbs.	
Airway is	Patent	Maintainable	Non-maintainable	
Sys. BP w/cuff	> 90 mm Hg	50 – 90 mm Hg	< 50 mm Hg	
Pulses or	Radial	Carotid or Groin	Non-palpable	-
Cap. Refill	< 2 seconds	> 2 but < 4 seconds	> 4 seconds	
Level of	Appropriately	Responds to voice or pain, any loss	Unresponsive or comatose	
Counsciousness	alert or awake	of consciousness	i	
Fractures	None	Closed or suspected	Multiple closed or open	
Wounds	None	Minor abrasions or lacerations. Burns > 10% not involving face, airway, hands, feet or genitalia	Penetrating wound, major avulsions or lacerations. Burns > 10% involving face, airway, hands, feet or genitalia	

216		- 6.1	127
A	PCAR	Sen	ring

- APGAR Scoring should be done at 1 and 5 minutes after birth.
- If score is less than 5 at 5 minutes, score again at 10 minutes.
 If the infant is being resuscitated during APGAR scoring, notation should be made by the score in the narrative.
 Circle your observation and total scores. Enter totals in the narrative.

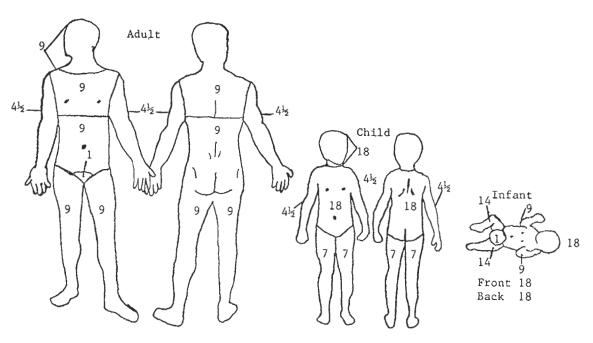
	0	1	2		0	1	2
Heart Rate	Absent	< 100 bpm	100+ bpm	Heart Rate	Absent	< 100 bpm	100+ bpm
Respiratory	Absent	Slow, Irregular	Good crying	Respiratory	Absent	Slow, Irregular	Good crying
Effort				Effort			
Muscle	Flaccid	Some flexion	Active motion, well	Muscle	Flaccid	Some flexion	Active motion, well
Tone		extremities	flexed extremities	Tone		extremeties	flexed extremities
Reflex	No	Grimace	Vigorous cry	Reflex	No	Grimace	Vigorous cry
Irritability	response		cough, sneeze	Irritability	response		cough, sneeze
Color	Blue, pale	Body pink,	Completey pink	Color	Blue, pale	Body pink	Completely pink
		extremities blue				extremities blue	
	Total: 0	Total:	Total:	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total: 0	Total:	Total:
			Grand total at 1 minute	2 100		TO SECURE	Grand total at 5
							minutes

Guidelines for Critical Burns

- Burns of any degree involving MORE THAN 25 PERCENT of Body Surface Area (BSA)
- THIRD DEGREE burns involving more than 10 percent BSA
- Burns complicated by RESPIRATORY INJURY
- Almost all burns of the FACE or MAJOR SOFT TISSUE INJURY
- Burns complicated by FRACTURE/S OR MAJOR SOFT TISSUE INJURY
- ELECTRICAL burns and DEEP CHEMICAL burns
- Burns occurring in patients with SERIOUS UNDERLYING DISEASE (e.g., heart disease, diabetes, etc.)

MEASURING BODY SURFACE AREA TECHNIQUES

- The PALM IS APPROXIMATELY 1 PERCENT of the body surface, or the,
- Rule of NINES



First Name M.1.		#	Inc	cident #		Pi	atient Ca	re#	Resp	onse #	ר	Frauma	Band #
		T.	ast Nam	e		Gende			S #				
Home Address	C	ity		State	Country	Male Zip	Female DO				Age [] Min.	☐ Month
		City	3	County		Zip	M	D_BSI De	Y			Hours	☐ Years
Incident Address or Location	**					200000000000000000000000000000000000000				ion 🔲		☐ Gow	
Dispatched As		C	hief Cor	oplaint a	ind/or Sig	gns & Sympto	oms				Tem	peratur	e Weight
Date & Time of Symptom Onset	Posit	ion	Time	Pulse	B.P.	Respiration Own/Assist	O2 Sat.	L.O.C.	Resp Re	irations	Skin	☐ Norr	nal 🔲 Pale
Annual Control	Stand	Sit				OWILLIABIAL			🔲 Sh	allow	-	y 🔲 War:	m 🔲 Cyanot
	Recline Stand	Flat Sit			/	/	%	AVPU	L Br	bored eath So		t Hot	☐ Jaundio Pupils I
:	Recline	Flat			/	/	%	AVPU		Norma	1 🗆		Normal
:	Stand Recline	Flat			/	/	%	AVPU	11.5	Abnorma Decrease		_	Dilated nstricted
	Stand Recline	Sit Flat		-	,	,	%	AVPU		Absent Rales			Sluggish Reaction
Time First Responder at Scene	Stand	Sit			<u> </u>	,				Ronch	i 🗀		N/A
	Recline Splints an	Flat	hilization	□ N/A	Airway C	Control \(\square\) N/		AVPU		Stridor Wheeze	_		
-:	☐ Air		Cardboar Vacuum	d	☐ BVM ☐ Combit		Nasal A	-	Abde	N/A men	UL UL	LL U	JR LR
:	☐ Rigid ☐ SAM		Wire Lad	der	_ Cricoth	nyrotomy	Non Re	breather	Norn	nal			
:	☐ Tractio		Sling/Swa Blanket I	1	Endotr Heimlic	acheal [ch Maneuver [☐ Oral Ai ☐ Suction	-	Tende Rigid				
Transport Code to Destination	Short 1	Board 🔲	Long Boa	ırd	Lighted	l Stylette	None		Diste				<u> </u>
Time Unit at Destination	☐ KED		Pillow Other		☐ Mask ☐ 0² @ _	LPM] Other, 1	ase Haff,	Di	rect Pre	ssure		sure Dressin
m: ** ** * * * * * * * * * * * * * * * *	Patient I			ing Cont		☐ Renal	☐ Skin			y Sterile evation	Э		sure Point niquet:
	Cancer Cardia	Dia	betes	Musco	o./Skel.	☐ Respiratory ☐ Seizures	/ 🔲 None	e	☐ Ice	е	Draccina		Dressing
:	Signs an	d Symp	toms and	l/or Chie	f Compla	unt		er, use narr.			~*reguil6		
	☐ Abdom ☐ Abrasi				g Diff. 🔲 Arrest 🔲	Eye Pain Fever		perthermia poglycemia	_	-	ed		nconscious omiting
1 1	☐ Airway ☐ Allergie			Chest Pa		Fracture/s Gynecologic		potension pothermia		spirator		□ W	eak/Malaise ound/s
	Amput	ation/s		Dehydra	tion 🗌	Headache	☐ Na	iusea	☐ Se	izures/Co	onvuls.	s. 🔲 W	
	□ Avulsio□ Behavi		_	Diarrhea Dizziness	_	Hematoma/s Hyperglycem	_	stetric in	☐ Sp ☐ Sy	rain/Strancope	ain	<u> </u>	ther, use nari
J/6:3(\	Back P	ain		Ear Pain		Hypertension	☐ Pa	lpitations			7 N		
S Man Man	, anemo	AGGICAL)	Wills _	THORE _	_ Olikilow	n_ 🗖 Transpor	teu with r	atient	Aller	gies _	None	Unk	nown
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Crash Data													
Clasii Data	Glasgow	Coma S	core										
☐ Driver ☐ Passenger					Pedi	atric Trauma	Score			Adult T	rauma (Score	
☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unrestrained	Time			1	M	edications an	d IV The		N/A			Score Infused	Medic
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□ Driver □ Passenger □ Pedestrian □ Unrestrained □ Airbag & Belt □ Airbag Only □ Airbag - Side □ Lap Belt Only □ Other, use narr. □ Lap & Shder. □ Ejected - Y / N □ Helmet - Y / N □ Inf./Child Seat □ Sleeper Net □ Unknown if safety devices used □ ATV □ Motorcycle □ Bi./Tricycle □ Truck □ Car □ Van □ Bus □ Other vehicle					M	edications an	d IV The		□ N/A				Medic
□ Driver □ Passenger □ Pedestrian □ Unrestrained □ Airbag & Belt □ Airbag Only □ Airbag - Side □ Lap Belt Only □ Other, use narr. □ Lap & Shder. □ Ejected - Y / N □ Helmet - Y / N □ Inf./Child Seat □ Sleeper Net □ Unknown if safety devices used □ ATV □ Motorcycle □ Bi./Tricycle □ Truck □ Car □ Van □ Bus □ Other vehicle					M	edications an	d IV The		□ N/A				Medic
Driver Passenger Pedestrian Restrained Unrestrained Airbag & Belt Airbag Only Airbag - Side Lap Belt Only Other, use narr. Lap & Shder. Ejected - Y/N Helmet - Y/N Inf./Child Seat Sleeper Net Unknown if safety devices used ATV Motorcycle Bi./Tricycle Truck Car Van Bus Other vehicle			Dype		Mosage	edications an	d IV The	Gauge	DN/A Locut	ion			Medic
□ Driver □ Passenger □ Pedestrian □ Unrestrained □ Airbag & Belt □ Airbag Only □ Airbag - Side □ Lap Belt Only □ Other, use narr. □ Lap & Shder. □ Ejected - Y/N □ Helmet - Y/N □ Inf./Child Seat □ Sleeper Net □ Unknown if safety devices used □ ATV □ Motorcycle □ Bi./Tricycle □ Truck □ Car □ Van □ Bus □ Other vehicle					Mosage	edications an	d IV The Rate	Gauge ingnosis and Admittee	N/A Locut	ion			Medic
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Total Mileage

```
18. Field Interventions Performed
1 - Allergic Reaction Management
2 - Blood Draw/Successful
3 - Blood Draw/Unsuccessful
4 - Blood Glucose Check
5 - CPR
6 - Defibrillation - Automatic
7 - Defibrillation - Manual
8 - Defibrillation - Semiautomatic
9 - ECG Clead 2
10 - ECG 3 Lead
11 - ECG 12 Lead
            | 1. | Level of Licensure/Service | 1 - BLS Transport | 3 - ALS Transport | 2 - BLS Nontransport | 4 - ALS Nontransport | 2. Street Type | 1 - City Highway | 4 - Rural Highway | 2 - City Interstate | 5 - Rural Interstate | 3 - City Street | 6 - Rural Road | 3. Response Area | 1 - City/Town |
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           - Extrication/Rescue
- IV, Intraosseous
- IV, Monitored
- IV, Peripheral
- Needle Decompression
- Pt. Assisted Medications
- Poison Management
- Shock Management
- Shock Trousers
- Other, use narrative
- N/A
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          12
13
                                                                                                                                                                                                                                                                                                                                                                                                                                                                   5 - Air
                                                                                                                                                                                                                                                                                                                                                                                                                                                                     7 - Other, use narrative
                                                                                                                                                                                                                                                                                                                                                                                                                                                                       2 - Rural/Country
            1 - Assisted Living
2 - Clinic/MD Office
3 - Correctional Facility
4 - Extended Care Facility
5 - Farm/Ranch
6 - Hospital
1 - Adverse Drug Reaction
1 - Adverse Drug Reaction
2 - Animal
3 - Blunt Object
4 - Gurshat
5 - Fall
6 - Hospital
7 - Industrial Site
8 - Office/Business
9 - Public Area
10 - Public Building
11 - Rec/ Sports Facility
12 - Residence
11 - Explosion
12 - Fall
13 - Gunshot - Acci.
14 - Gurshat
15 - Gunshot - Acci.
            4. Location of Call
                                                                                                                                                                                                                                                                                                                                                                                                                                                          13 - Str/Rd/H.way/I.st
14 - Urgent Care Center
15 - Walk-ins
16 - Water
17 - Other, use narrative
           | Cardiac Data | 19. Symptoms prior to arrest? | 1 - No | 2 - Yes | 3 - Unknown | 20. Arrest witness of? | 1 - No | 2 - Yes | 3 - Unknown | 21. Witness of Cardiac Arrest | 1 - Bystander - use narrative to describe witness | 2 - EMS Personnel | 22. Arrest to Call | 1. 0 - 1 Min. | 3. 2 - 3 Min. | 5. 4 - 5 Min. | 7. Unknown | 2. 1 - 2 Min. | 4. 3 - 4 Min. | 6. > 5 Min. | 23. Arrest to time of first CPR | 1. 0 - 1 Min. | 3. 2 - 3 Min. | 5. 4 - 5 Min. | 7. Unknown | 2. 1 - 2 Min. | 4. 3 - 4 Min. | 6. > 5 Min. | 2. 1 - 2 Min. | 4. 3 - 4 Min. | 6. > 5 Min. | 7. Unknown | 2. 1 - 2 Min. | 4. 3 - 4 Min. | 6. > 5 Min. | 7. Unknown | 2. 1 - 2 Min. | 4. 3 - 4 Min. | 6. > 5 Min. | 7. Unknown | 2. 1 - 2 Min. | 4. 3 - 4 Min. | 6. > 5 Min. | 7. Unknown | 2. 4 - 6 Min. | 4. 3 - 4 Min. | 6. > 6 - Other use narrative | 7 - Defibrillation - NO | 8 - Defibrillation - NO | 8 - Defibrillation - YES | 25. Call to Responder CPR | 1. < 4 Min. | 3. 6 - 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 Min. | 4. > 8 Min. | 5. Unknown | 2. 4 - 6 
                                                                                                                                                                                                                                                                                                                                                                                                                                                          21 - Penetrating Object
22 - Poisoning - Acci.
23 - Poisoning - Intent.
24 - Sexual Assault
25 - Sports/Play Injury
26 - Strangulation/Suff.
27 - Suicide
28 - Other, use narrative
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      Cardiac Data
              7. Severity of Medical or Trauma Codes
1 - Green/Non Urgent 3 - Red/Life Threatening 2 - Yellow/Urgent 4 - Black/DOA

8. Race
1 - Asian 3 - Hispanic 5 - Native American 2 - Black 4 - Hispanic Non-white 6 - White 8 - Unknown

9. Care Refusal 3 - Pattern Signature 4 - Power of Atternet 5 - Other
| Section | Sect
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  35. Step 1: Vital Signs: & Levels of Consciousness
Activate Trauma Protocols and Contact Medical Control

Adult Peds

1 - Heart Rate > 130 < 60 or > 135

2 - Systolic BP < 85 < 70 or capillary refill > 2 s

3 - Respiratory Rate < 10 or > 29 < 10 or > 30

4 - Glasgow Coma Score < 13 < 13

36. Step 2: Anatomy of Injury

Activate Trauma Protocols and Contact Medical Control

1 - Penetrating injury of head, neck, torso, groin, or

2 - Combination of burns > 20%, or involving face or airway, or

3 - Amputation above wrist/ankle, or

4 - Spinal Cord Injury, or

5 - Flail Chest, or

6 - Two or more obvious proximal long bone fractures

37. Step 3: Assess Biomechanics of Injury

Consult Medical Control for System Activation

1 - Ejected from vehicle
2 - Auto-Pedestrian/auto-bicycle injury with significant (>5mph) impact

3 - Motorcycle, ATV, Bicycle Crash
4 - Pedestrian thrown or run over

38. Step 4: Other Risk Factors

Consult Medical Control for System Activation

1 - Provider Impression

2 - Co-morbid Factors

Extreme of Age (<2 or > 60)

Hostile Environment (e.g. - extremes of heat or cold)

Medical Illness (e.g. - COPD, CHF, renal failure, etc.)

Presence of intoxicants/hazardous materials

Pregnancy

3 - High energy transfer situation

Rollover

Falls > 10 Feet

Extrication Time > 20 minutes

4 - Burn Injury

2<sup>nd</sup> and 3<sup>rd</sup> degree burns of face, hands, feet, and perineum.

Significant Flootrical Purps.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      <eas
<60 or >135
<70 or capillary refill >2 sec
<10 or >30

                                                                                                                                                                                                                                                                                                                                                                                             Mannitol
Meperidine
Metaproterenol
Methylprednisolone
Mivacron
Morphine
Narcan
Nitroglycerin
Nitrous Oxide
Oxygen
Pitocin
Precainamide
                  3 - Adenosine
4 - Albuterol
5 - Aminophylline
6 - Aspirin
7 - Atropine
8 - Bretylium Tosylate
9 - Bumetanide
10 - Calcium Chloride
11 - Calcium Gluconate
12 - Dexamethasone
13 - Dextrose (50%)
14 - Diazepam
15 - Diphenhydramine
16 - Dopamine
17 - Epinephrine
18 - Furosemide
19 - Glucagon
20 - Glucose
21 - Heparin
22 - Ibuprofen
                                                                                                                                                                                                                                                                                                                                                        20 - Manmion
27 - Meperidine
28 - Metaproterenol
29 - Metylprednisolone
30 - Mivacron
31 - Morphine
32 - Narcan
33 - Nitroglycerin
34 - Nitrous Oxide
35 - Oxygen
36 - Pitocin
37 - Procainamide
38 - Sodium Bicarbonate
39 - Succinylcholine
40 - Terbutaline
41 - Thiamine
41 - Thiamine
42 - Toradol
43 - Verapamil
44 - Other - use narrative
45 - N/A
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       Extrication Time >20 minutes
4 - Burn Injury
2nd and 3rd degree burns of face, hands, feet, and perineum.
Significant Electrical Burns
Closed space fire (inhalation)
39. Who Activated the Trauma System?
1 - Out-hosp-provider 2 - Receiving Emer. Dept. 3 - Trauma Comm Center
                       22 – Ibuprofen
17. IV Therapies/Fluids
1 – D5W
2 – Lactated Ringers
                                                                                                                                                                                                                                                   3 – Normal Saline
4 – Other - use narrative
                                                                                                                                                                                                                                                                                                                                                                                                                                                                 5 - N/A
            TRAUMA - These codes are to be inserted in # 6 on the Template - Page 1.
                           Amputation
Burn —
                           Pain _____
Penetrating ___
Sprain/Strain =
Swelling ____
       Abdomen
Back
Chest
Face
Hand/Foot
Head
Lower Extr.
Neck
Pelvic/Genital
Upper Extr.
       Obstetric/Gynecologic
280 — Active Labor
281 — Delivery at Scene
282 — Delivery En Route
283 — Miscarriage
284 — Pregnancy - Complications
285 — Preterm Delivery
286 — Vaginat Bleeding
287 — Other, use narrative
Other Illness
290 — Drug related illness
291 — Infection
292 — Heat Stroke/exhaustion
293 — Hypothermia/frostbite
294 — Musculo-skeletal pain
295 — Non-cardiac chest pain
296 — Post-operative complication
297 — Terminal Illness
298 — Other, use narrative
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     260 — Blood Problem (Hen
261 — Hyperglycemia
262 — Hypoglycemia
263 — Liver
264 — Other, use narrative
Psychiatric
270 — Agitation/Assaultive
```

iatrie
Agitation/Assaultive Behavior
Anxiety/Grief Reaction
Depression
Hallucination/Bizarre Behavior
Other, use narrative

TRAUMA – These codes are to be inserted in $\frac{\# 6}{}$ on the Template - Page 1.

Abrasion —												
Amputation												
Burn												
Contusion												
Crush Injury												
Deformity ———												
Dislocation/Fractur	e											
Open Wound												
Pain —												
Penetrating												
Sprain/Strain												
Swelling												
Abdomen	000	010	020	030	040		060	070	080	090		110
Abdomen Back	000	010	020 021	030	040	051	060	070	080	090		110
		_				051 052						
Back	001	011	021	031	041		061	071	081	091	103	111
Back Chest	001	011 012	021 022	031	041 042	052	061 062	071	081 082	091 092	103	111
Back Chest Face	001 002 003	011 012 013	021 022 023	031 032 033	041 042 043	052 053	061 062 063	071 072 073	081 082 083	091 092 093		111 112 113
Back Chest Face Hand/Foot	001 002 003 004	011 012 013	021 022 023 024	031 032 033 034	041 042 043 044	052 053 054	061 062 063 064	071 072 073 074	081 082 083 084	091 092 093 094	104	111 112 113 114
Back Chest Face Hand/Foot Head	001 002 003 004 005	011 012 013 014	021 022 023 024 025	031 032 033 034 035	041 042 043 044 045	052 053 054 055	061 062 063 064 065	071 072 073 074 075	081 082 083 084 085	091 092 093 094 095	104	111 112 113 114 115
Back Chest Face Hand/Foot Head Lower Extr.	001 002 003 004 005 006	011 012 013 014	021 022 023 024 025 026	031 032 033 034 035 036	041 042 043 044 045 046	052 053 054 055 056	061 062 063 064 065 066	071 072 073 074 075 076	081 082 083 084 085 086	091 092 093 094 095 096	104 105 106	111 112 113 114 115 116

MEDICAL – These codes are to be inserted in $\frac{\# 6}{}$ on the Template - Page 1.

Cardiovascular

200 - Cardiac Arrest

201 - Cardiac Arrhythmia

202 - Congestive Heart Failure (CHF)

203 - Pulmonary Edema

204 - Suspected MI (Chest Pain)

205 - Other, use narrative

Respiratory

210 - Hyperventilation

211 - Respiratory Difficulty, use narrative

212 - Other, use narrative

Genito Urinary

220 - Genito Urinary Problem

221 - Other, use narrative

Pediatric

230 - Congenital illness/defect

231 - Dehydration

232 - Respiratory

233 – Seizure (febrile)

234 - SIDS

235 - Other, use narrative

Neurologic

240 - CVA/Stroke

241 - Coma, unknown cause

242 - Decreased LOC

243 - Headache

244 - Neuromuscular Symptoms

245 - Seizure/Epilepsy

246 - Syncope

247 - Other, use narrative

Abdominal

250 - Abdominal Other (diarrhea, etc.)

251 - Internal Bleeding

252 - Internal Bleeding w/shock

253 - Other, use narrative

Metabolic/Endocrine

260 - Blood Problem (Hemophilia, etc.)

261 - Hyperglycemia

262 - Hypoglycemia

263 - Liver

264 - Other, use narrative

Psychiatric

270 - Agitation/Assaultive Behavior

271 - Anxiety/Grief Reaction

272 – Depression

273 - Hallucination/Bizarre Behavior

274 - Other, use narrative

Obstetric/Gynecologic

280 - Active Labor

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297 - Terminal Illness

298 - Other, use narrative